

Craig H. Lichtblau, M.D.

Page 2

**March 1990 to April 2006:**

**6,223 St. Mary's Hospital Inpatient Rehabilitation Unit Admissions**

**January 2007 to Present:**

Trauma Consultations  
Hospital Consultations  
Pediatric Consultations  
Inpatient Rehabilitation Unit Admissions  
St. Mary's Medical Center/Trauma Center  
West Palm Beach, Florida

**April 5, 2010 to Present:**

Founding Medical Director  
For Life  
St. Mary's Medical Center  
Inpatient Rehabilitation Unit

**May 28, 2014 to Present:**

Medical Director, Inpatient Pediatric Rehabilitation Unit,  
St. Mary's Medical Center

Assistant Medical Director, Inpatient Adult Rehabilitation Unit,  
St. Mary's Medical Center

**November 1, 2002 to Present:**

**Medical Director**

Physical Medicine and Rehabilitation  
Florida Institute for Neurologic Rehabilitation  
Wauchula, Florida

34 pediatric beds / 142 adult beds = 176 transitional living facility beds,  
specializing in neurological impairments (traumatic brain and spinal cord  
injury) / pediatric ages 4-17, adult age 18 and above.

**Hospital Affiliations**

St. Mary's Medical Center  
901 45th Street  
West Palm Beach, Florida 33407  
Medical Staff: Admitting/Consulting Privileges

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Good Samaritan Medical Center  
1300 North Flagler Drive  
West Palm Beach, Florida 33401  
Medical Staff: Admitting/Consulting Privileges

Palm Beach Gardens Medical Center  
3360 Burns Road  
Palm Beach Gardens, Florida 33410  
Medical Staff: Admitting/Consulting Privileges

Jupiter Hospital  
1210 South Old Dixie Highway  
Jupiter, Florida 33458  
Medical Staff: Admitting/Consulting Privileges

Delray Medical Center  
5360 Linton Boulevard  
Delray Beach, Florida 33484  
Medical Staff: Consulting Privileges

Jupiter Outpatient Surgery Center  
2055 Military Trail  
Jupiter, Florida 33458  
Surgical Assistant Privileges  
June 25, 2012 to Present

**State of Florida - Children's Medical Services**  
**September 1989 to Present:**

Department of Health and Rehabilitative Services  
District Number 9 and 15 (Palm Beach, Martin, St. Lucie, Indian River and  
Okeechobee Counties)  
Medical Consultant/Physical Medicine and Rehabilitation for Physical  
Medicine and Rehabilitation Clinic.

The primary focus of Children's Medical Services is to provide a family centered, coordinated, managed system of care for children with special health care needs and to provide essential preventative evaluative and early interventional services for children that are medically and financially eligible.

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Children's Multi-disciplinary Assessment Team (CMAT)  
State of Florida  
Department of Health and Rehabilitative Services  
District Number 9 and 15 (Palm Beach, Martin, St. Lucie, Indian River and  
Okeechobee Counties)  
Medical Consultant/Physical Medicine and Rehabilitation

The Children's Multi-disciplinary Assessment Team is a multidisciplinary interagency group that determines medical necessity for services including the care management and placement of medically complex children.

**Public Service: National**  
**September 1992 to Present:**

National Institute on Disability and Rehabilitation Research  
Office of Special Education and Rehabilitative Services  
United States Department of Education  
Washington, D.C. 20202

**Public Service: State of Florida**

Certified Expert Medical Advisor  
State of Florida  
Agency of Health Care Administration  
Workers' Compensation Medical Services Unit  
1999 - Present

Special Expert Witness  
State of Florida  
Agency for Healthcare Administration  
(April 1992 to 1996)

State of Florida Department of Labor and Employment Security  
Division of Vocational Rehabilitation  
Member Head Injury Facility Review Committee  
(January 1991 to July 1994)

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State of Florida Department of Labor and Employment Security  
Division of Vocational Rehabilitation  
Pediatric Site Reviewer  
Head and Spinal Cord Injury Program  
(January 1991 to ?)

State of Florida Department of Labor and Employment Security  
Division of Vocational Rehabilitation  
Member Brain and Spinal Cord Injury Advisory Council  
Pediatric Committee  
(May 1995 to 1998)

**Public Service: Palm Beach County**

Section Chief of Rehabilitation Medicine Intra Coastal Health Systems, Inc.  
St. Mary's Medical Center, Good Samaritan Medical Center  
July 1, 1996 - June 30, 1998

Physician Utilization Review (Peer Review) Committee  
Palm Beach Gardens Medical Center  
February 2007 - December 2010

Member of Medical Advisory Committee to the Health Care  
District of Palm Beach County  
Medical Consultant to Nursing Advisory Committee  
Palm Beach Community College

Physician Volunteer Health Care Provider Program  
District 9  
Department of Health and Rehabilitation Services  
State of Florida  
Member of Review Committee of Medical Specialties for  
The Palm Beach County Medical Society

Board Member / Board of Directors  
Friends of the 440 Scholarship Fund, Inc. Treasure Coast Division  
December 4, 2006 - Present

Medical Director PGA Seniors Golf Championship 1994 - 1998.

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**Craig H. Lichtblau, M.D.****Page 6****Leadership Positions Held**

2005–2006	President Southern Society of Physical Medicine and Rehabilitation
2004 – 2005	President-Elect Southern Society of Physical Medicine and Rehabilitation
1995 – 1996	Treasurer Florida Society of Physical Medicine and Rehabilitation

**Facility Appointments**

May 2007– April 2011	Clinical Assistant Professor Department of Osteopathic Principle and Practice Division of Physical Medicine and Rehabilitation Nova Southeastern University College of Osteopathic Medicine
May 2011– April 2014	Clinical Assistant Professor Department of Osteopathic Principle and Practice Division of Physical Medicine and Rehabilitation Nova Southeastern University College of Osteopathic Medicine

**Awards**

01/14/13	Outstanding Service in Pediatric Rehabilitation, presented by The Florida Society of Physical Medicine and Rehabilitation
11/17/11	Appreciation for Many Years of Extraordinary Service and Dedication to the Specialty of Physical Medicine and Rehabilitation from the Florida and Southern Societies of Physical Medicine and Rehabilitation
7/15/07	Appreciation for Dedicated Years of Service and Commitment to Children's Medical Services, Florida Department of Health

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**Licensure and Certification**

April 2005	Passed Re-certification Examination
May 1991	Board Certified in Physical Medicine and Rehabilitation
April 1989	Florida Medical License Number 56279

**Fellowship**

10/2012 – Present    Limb Reconstruction Fellowship  
Director: Dr. Dror Paley  
The Paley Institute  
St. Mary's Medical Center  
West Palm Beach, Florida

**Education**

1989    Residency: Physical Medicine and Rehabilitation  
The Jewish Hospital of St. Louis  
Washington University Medical Center  
St. Louis, Missouri

1986    Internship: Transitional  
The Jewish Hospital of St. Louis  
Washington University Medical Center  
St. Louis, Missouri

1985    Doctor of Medicine Degree  
American University of The Caribbean  
School of Medicine  
Plymouth, Montserrat British West Indies

1978    Bachelor of Science Degree - Biology  
Florida State University  
Tallahassee, Florida

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**Professional Affiliations**

Diplomat American Board of Physical Medicine & Rehabilitation  
Rochester, Minnesota  
American Academy of Disability Evaluating Physicians  
2015 S. Arlington Heights Road  
Arlington Heights, Illinois 60006  
Fellow

American Academy of Physical Medicine and Rehabilitation  
P.O. Box 94466  
Chicago, Illinois 60690-4466  
Fellow

American Congress of Rehabilitation Medicine  
P. O. Box 94463  
Chicago, Illinois 60690-4463

American Association of Electrodiagnostic Medicine  
21 Second Street, S.W., Suite 103  
Rochester, Minnesota 55902  
Associate Member

American Medical Association  
515 North State  
Chicago, Illinois 60610

Florida Society of Physical Medicine & Rehabilitation  
P.O. Box 630246  
Miami, Florida 33163  
Secretary - Treasurer

Southern Society of Physical Medicine and Rehabilitation  
800 Madison Avenue  
Memphis, Tennessee 38163  
Member 2001 – 2011

Florida Medical Association, Inc.  
P.O. Box 2411  
Jacksonville, Florida 32203  
Member

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Palm Beach County Medical Society  
3540 Forest Hill Boulevard  
West Palm Beach, Florida 33406-5893

Brain Injury Association for  
State of Florida  
Member

**Presentations**

April 30, 2006  
Life Expectancy of the Cerebral Palsy Patient  
38<sup>th</sup> Annual Scientific Meeting  
Southern Society of Physical Medicine and Rehabilitation  
Miami, Florida

April 2, 2005 "Physiatric Multi-disciplinary Approach  
To Back Pain  
Handicap, Impairment, Disability  
What Does It Mean to Physicians"  
Back Pain 2005: Diagnosis and  
Treatment/Conference  
Jupiter Medical Center Education Department

November 1990 "Communicating With Physician Concerning  
Neurologically Impaired Patients"  
Presented to the School of Nursing  
Palm Beach Junior College  
Lake Worth, Florida

January 1988 "Management of Neurological Bowel/Bladder"  
Presented at Pediatric Orthopaedic Grand Rounds  
Shriners Hospital For Crippled Children, St. Louis, Missouri

September 1987 "Cerebrovascular Accident - Diagnoses & Syndromes"  
Presented at the Physical and Rehabilitation Grand Rounds  
Washington University Medical Center  
St. Louis, Missouri

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**Continuing Medical Education**

List Available Upon Request  
1989 – Present

**PROFESSIONAL AND PERSONAL REFERENCES AVAILABLE UPON REQUEST**

Revised: 05/29/14

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A1271



**Darren Mickell**

Appeal of Denied Application for  
Total and Permanent Disability Benefits

Exhibit "20"

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MICKELL-1156



9549428851

09:44:24 a.m.

05-09-2014

2/16



## NEUROLOGIC CONSULTANTS PA

### NEUROPSYCHOLOGICAL EXAMINATION

H. MURRAY TODD, M.D., F.A.A.N.

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Research Clinical Coordinator

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PATIENT'S NAME: MICKELL, DARREN - 2204700  
DATE OF BIRTH: [REDACTED] 1970  
DATE OF EVALUATION: April 08, 2014, April 14, 2014  
and April 21, 2014  
REFERRAL SOURCE: Mindy Chmielarz, Esq.  
TESTS ADMINISTERED: MMPI-IRF  
WAIS-IV  
Reading and Arithmetic  
Subtests of WRAT-IV  
Benton Fluency Test  
Categorical Fluency Test  
Boston Naming Test  
Stroop Color and Word Test  
Trail Making Test  
Ruff 2 & 7 Selective Attention  
Test  
Rey Complex Figure Copy  
Hooper Visual Organization  
Test  
Continuous Visual Memory Test  
21-Item Test  
Logical Paragraph, Paired  
Associates, and Visual  
Reproduction Subtests of  
Wechsler Memory Scale-IV  
(Adult Version)

### REASON FOR REFERRAL:

Darren Mickell is a 43-year-old right-handed black male who was born in Miami, Florida. He was interviewed alone. His girlfriend ultimately was also interviewed by phone. He is noted to have adequate vision and hearing. He is evaluated to assess neurocognitive status.

REPLY TO:

Continued...

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MICKELL-1157

A1273



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## NEUROPSYCHOLOGICAL EXAMINATION

RE: MICKELL, DARREN

Chart #: 2204700

Page Two

HISTORY OF DIFFICULTIES:

The patient notes that he has been experiencing slow progressive memory changes over the last few years. He tends to forget recent and to some extent remote memories. He has trouble with numbers. He may have trouble with direction when driving. He forgets tasks that he intended to do. He may forget appointments.

He reports that his family is concerned about his difficulties. In fact, he noted that they were really the one that brought his difficulties to his attention, so he has now become increasingly aware. His girlfriend noted that he is clearly forgetful.

He reports word finding and word expressive difficulties. He notes problems with language comprehension. His handwriting is less neat. He notes that he can be easily distracted. He has problems with concentration.

His other chief problem is with irritability. He can be more emotional overall and otherwise can be sad and easily angered. His girlfriend noted that his personality is quite different. He admits to significant symptoms of anxiety and depression. He admits that he has at times been suicidal.

He has lost significant weight. He was sleeping more, but now sleeps only 4 hours a day having problems with sleep onset as well as mid sleep awakening. He has been depressed for at least 3 years now. He notes diminished libido. He has become less social. He has given up activities that used to be enjoyable. He is more irritable and confrontational.

He has frequent headaches as often as 3 times a week. He characterizes this as a left-sided constant pain, almost like a pressure. He notes numbness and tingling in his toes and fingers.

He has pain in his neck. He has bilateral knee and shoulder pain. He has pain in his back as well as in his left hip and to his groin. He has trouble obtaining relief for his pain.

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## NEUROPSYCHOLOGICAL EXAMINATION

RE: MICKELL, DARREN  
Chart #: 2204700

Page Three

MEDICAL HISTORY:

The patient has had bilateral shoulder surgery as well as bilateral knee surgery including twice on the right and 3 times on the left. He notes that he has had a hip surgery to "drain" fluid several times.

He denied a history of stroke, heart attack, diabetes, hypertension, or thyroid disease. He notes that he has not seen any doctors regularly.

He is a retired professional football player. He notes that while he was never formally diagnosed with concussion, he remembered sitting out plays because of a blow to the head and feeling cognitively affected. He noted that he would have trouble answering questions at times after sustaining a blow to the head.

His family history is significant for a mother who is in good health. His father died at 36 of cancer. A great grandfather lived into his 90s and may have been forgetful only in his later years.

As indicated, the patient has had problems with depression for the last 3 years. He denied a prior psychiatric history. He denied a family psychiatric history. He notes that he has been prescribed Percocet or OxyContin to try to address his headaches. He does not like taking these medications, but was obtaining some relief. He now takes Advil.

He is an occasional user of alcohol who denies that he uses alcohol heavily. He occasionally smokes cigars, but is not a regular tobacco user. He engaged in illicit drug use in the past, but has been clean since the 1990s.

SOCIAL HISTORY:

The patient was born and raised in Miami. He completed a high school education before he attended the University of Florida where he completed 3 years of his college degree. He feels that he was a generally average student in school. He has a goal of trying to go back to school to complete his degree.

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A1275



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**NEUROPSYCHOLOGICAL EXAMINATION**

RE: MICKELL, DARREN  
Chart #: 2204700

Page Four

The patient played professional football in the National Football League. He played 4 years with the Kansas City Chiefs, 3 years with New Orleans Saints, 1 year with the San Diego Chargers, and a couple of games with the Oakland Raiders. He was a defensive end. He retired in 2001.

The patient had worked for approximately 18 months as a freight handler at a Publix Warehouse. He stopped working last year. They had tried to reduce his work schedule to only 4 days a week, but he was still unable to tolerate his physical pain, which is why he stopped working.

He has never been married. He lives with his mother and great grandmother in Miramar.

He has 4 children including a 21-year-old daughter in Miami, a 15-year-old son in Texas as well as a 14-year-old daughter and 23-year-old son who live with him.

**ACTIVITIES OF DAILY LIVING:**

Current activities include spending time with his girlfriend and family, seeing friends on occasion, watching television, fishing on occasion, but infrequently exercising. He drives but has difficulty with direction and misses exits.

He notes sometimes he has difficulty putting socks on and may receive help from his family. Otherwise, he is independent in his ability to complete personal hygiene needs. His family does most of the cooking and cleaning. He notes that he is having a greater time managing finances.

**REVIEW OF MEDICAL RECORDS:**

A number of medical records were made available for review. An information and summary form was made available. This note indicates that he played professional football from 1992 until 2001. His first significant injury was in 1994 to both knees. Following the season he had surgery. There may have been complications in that surgery and he woke up with back pain.

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MICKELL-1160

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## NEUROPSYCHOLOGICAL EXAMINATION

RE: MICKELL, DARREN  
Chart #: 2204700

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In 1996, he had a right shoulder surgery and in 1999, he had a left hip procedure. Apparently, he received multiple injections to try to alleviate pain. He stopped playing by the end of 2000 because of his pain.

This note indicates concerns regarding cognition. After leaving the NFL, he did not work due to headaches, pain in his shoulders and back, as well as hip and knees. Despite these problems he tried to begin work in April of 2012 to try to support his family financially. He was able to work for a year and half before he had to stop because of his physical difficulties and cognitive limitations. This note indicates a list of symptoms, restrictions, and limitations including memory problems, inability to concentrate, word loss, problems with focus, problems with information processing, fatigue, chronic headaches, pain in multiple areas as described, difficulty sitting long periods of time because of pain as well as hand difficulties because of multiple dislocated fingers.

An MRI of the cervical spine from 06/07/2011 revealed small central disc herniation at C6-7, posterior disc bulge at C4-5 and C5-6, as well as straightening of normal cervical lordosis.

A medical history form completed for the Kansas City Chiefs football club dated on 04/25/1995 was also available. Presumably this was completed by the patient. He notes left and right knee injury, but no cognitive complaints or other major illnesses. These notes indicate a variety of documented orthopedic injuries. These notes also indicate evidence that he underwent arthroscopic knee procedures around April 1995, but continued to have knee problems.

A note dated 08/19/1995 completed by Dr. Jon Browne with the Buffalo Bills indicates that the patient sustained an injury during the third quarter involving the "posterior lateral neck region." He did not exhibit discomfort to his head region or loss of consciousness or dizziness associated with "this." He was restricted from returning to the game because of physical difficulties with limited range of motion and pain in his neck. He was diagnosed with a posterior lateral cervical muscle strain. There are notes regarding other subsequent medical examinations because of orthopedic injuries especially involving his ankle.

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A1277



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## NEUROPSYCHOLOGICAL EXAMINATION

RE: MICKELL, DARREN  
Chart #: 2204700

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He also apparently sustained a left shoulder injury in October of 1995.

These records also indicate that he has injured a back injury in January 1994 while still playing with the Chiefs as well as other orthopedic injuries involving the knee and groin as well as ankles. He also had right rib pain and neck pain as well. He also sustained injury at one point to his left elbow.

There are several indications in 1995 of finger injuries as well as wrist and ankle problems. He had a right shoulder problem in 1993, but complained frequently of bilateral shoulder pain in 1993. He also sustained a left hand injury in 1993 as well as various orthopedic injuries including a low back problem. He was seen initially in 1992 where he passed his physical examination with a known history of knee problems.

No records from his time at the University of Florida where he received treatment for his knee problems in the 1990s. There are also records from the Indianapolis Colts from a physical examination in 1992. Included in these notes are, a medical examination from 08/19/1992, which is characterized as normal. These notes indicate that he was placed on injured reserve in 1992 because of orthopedic injury involving the left knee.

The records from his time with Oakland Raiders were also available for review. These are dated 2001. Apparently, he continued to have knee problems.

Medical records from his time with the San Diego Chargers is also available for review. Apparently, he had a left clavicle problem in 2001 with a left shoulder surgery in February of 2001. He also sustained a lumbar strain, ulnar nerve injury, right hip injury, and left ankle injury. He also sustained a right knee injury in 2000 with left knee problems prior to that time.

A history and physical dated 01/14/2000 indicates that he had had bilateral knee problems as well as right shoulder problems and ankle problems.

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NEUROPSYCHOLOGICAL EXAMINATION

RE: MICKELL, DARREN  
Chart #: 2204700

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The patient was seen in 1999 for physical examination by the New Orleans Saints. He was cleared to play, but his treating physician believed that he might have continued left knee problems. A note from when he was playing for New Orleans in 1998 indicates that he sustained continued orthopedic injuries, especially his right shoulder. Apparently, he had had problems with his other shoulder the season before. He also had a right foot injury and an elbow injury. There are multiple notes of other orthopedic problems.

BEHAVIORAL OBSERVATIONS:

The patient was noted to be pleasant and cooperative. He became notably upset on several occasions, especially when confronted with cognitive problems. This is obviously distressing to him.

He appeared to put forth his best effort. Speech was normal, coherent, and largely goal-directed. He could be distracted, but was easily redirected.

Station and gait are adequate. Response latencies are adequate. Attentional skills are fair.

His affect was somewhat constricted. His mood seemed depressed and worried. He demonstrated at least marginally adequate insight and judgment. Overall, the results of this examination appear to reflect a relatively accurate indication of functioning.

PERSONALITY EVALUATION:

The MMPI was administered orally as a means of ensuring that he understood questions posed to him. On the validity scales, there was a slight elevation on F suggestive of perhaps some slight confusion in responding. Nonetheless, a valid profile was believed to have been obtained.

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MICKELL-1163

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## NEUROPSYCHOLOGICAL EXAMINATION

RE: MICKELL, DARREN

Chart #: 2204700

Page Eight

There were marked elevations on most of the clinical scales including 1, 2, 3, 4, 7 and 8 as well as a milder elevation on 9. This is indicative of an individual experiencing marked anxiety and depression with some agitation and perhaps irritability. He is noting great physical and somatic complaints and measurable concern about his difficulties. He may be feeling somewhat socially alienated or confused.

The MMPI results are actually consistent with his clinical presentation and reported behavior at home and indicates an individual experiencing a marked mood disorder. He is quite concerned about the difficulties that he is facing and the significance of his perceived cognitive changes. He is worried about his ability to provide for his family, but also to take care of himself.

In addition, he is unhappy with his behavior and his tendency to be irritable. He notes that his behavior has been quite out of character for him and as to his feeling emotionally upset. He admits to feeling depressed.

In addition, he also has significant physical and somatic complaints related to the multiple orthopedic injuries he sustained while playing professional football. He does not appear to be somatically preoccupied or hypochondriacal. His complaints had a basis in fact related to his known history.

INTELLECTUAL FUNCTIONING:

The patient's general intellectual functioning as measured by the WAIS-IV appeared to be low average. He demonstrated average perceptual reasoning and working memory whereas he had low average verbal comprehension. His processing speed index was only borderline and a relative weakness for him.

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## NEUROPSYCHOLOGICAL EXAMINATION

RE: MICKELL, DARREN  
Chart #: 2204700

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The patient's age-corrected subtest scaled scores are presented below.

WAIS-IV

Full Scale IQ = 87

VCI	=	89	PRI	=	94
Similarities		9	Design		10
Vocabulary		8	Matrix Reasoning		9
Information		7	Visual Puzzles		8
Comprehension		*	Figure Weights		*
			Picture Concepts		*
WMI	=	97	PSI	=	79
Arithmetic		11	Digit Symbol Coding		6
Digit Span		8	Symbol Search		6
Letter Number Sequencing		*	Cancellation		*

The verbal comprehension section of the WAIS-IV tests an individual's ability to comprehend, remember, and express concepts using words. It also involves capacity for understanding concrete and abstract concepts. Based on his age-corrected scaled scores, he demonstrated average to low average expressive vocabulary, verbal abstract reasoning and fund of information.

The subtests in the perceptual reasoning section of the WAIS-IV involve interpretation of visually presented information, nonverbal problem solving, and nonverbal reasoning. Visual constructional ability using blocks as well as nonverbal problem solving and reasoning appeared to be in the average to low end of average range.

The subtests in the working memory section of the WAIS-IV primarily involve assessment of attention and concentration. His immediate recall of digits is low end of average. His ability to perform mental arithmetic problems is average.

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MICKELL-1165

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**NEUROPSYCHOLOGICAL EXAMINATION**

RE: MICKELL, DARREN

Chart #: 2204700

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The subtests in the processing speed section of the WAIS-IV involve assessment of fine motor coordination, psychomotor speed and speed of visual scanning. His performance on both tasks were in the low average range.

Academic skills were screened using the WRAT-IV. Reading recognition appeared low average (standard score of 83) where as written arithmetic was low end of average (standard score of 90).

**LANGUAGE SKILLS:**

Cognitive production as measured by verbal fluency is low end of average as he generated 30 words over 3 one-minute trials (standard score of 90). His ability to identify words fitting into a category is high average, as he generated 23 words over 3 one-minute trials (standard score of 115). On a task requiring him to name line drawings to confrontation, he obtained a score of only 46, which may be somewhat less than expected.

**EXECUTIVE FUNCTIONING:**

Verbal executive functioning was formally assessed using the Stroop Color and Word Test. The patient's speed of reading color names appeared to be borderline (standard score of 79). Speed of identification of colors was low average (standard score of 89). Speed of identification of colors in the face of interfering verbal stimuli appeared average (standard score of 104).

Nonverbal executive functioning was assessed using the Trail Making Test. On Part A, which requires sequencing of numerals, the patient's performance is low average (standard score of 80). On Part B, which requires alternation between numbers and letters, the patient's performance is low average (standard score of 85).

On a measure of sustained vigilance, the patient's performance was in the average range for speed (T-score of 45) as well as accuracy (T-score of 48).

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NEUROPSYCHOLOGICAL EXAMINATION

RE: MICKELL, DARREN  
Chart #: 2204700

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VISUAL PERCEPTUAL SKILLS:

The patient's ability to reproduce copy of a complex visual design is average (standard score of 95). However, on a task requiring him to perceptually reorganize objects, which have been cut up and rearranged, his performance was only 21 out of 30, which is clearly less than expected.

LEARNING AND MEMORY:

Three subtests of the Wechsler Memory Scale-IV involving verbal or visual learning and short-term memory were administered. The patient had a score of 20 in his immediate recall of several stories after hearing them, which is low average performance (standard score of 90). Short-term recall for the stories 30 minutes later is a 19, which is low end of average (standard score of 95).

On a 2nd rote learning word paired associates task, the patient's performance was discontinued after 2 trial scores of 1. He seemed especially frustrated on this task, which is why this measure was stopped. This would seem to be less than expected performance.

On a 3rd task involving the visual reproduction of designs from memory immediately after studying them, the patient obtained a score of 34, which is low end of average (standard score of 90).

Short-term recall for the designs 30 minutes later is a 14, which is low average performance (standard score of 80) and clearly reflects loss of information over the delay.

Visual memory abilities were also assessed using a forced choice recognition learning and memory task for novel visual designs. The patient's initial learning was actually quite good (91st percentile). However, short-term recognition memory for the designs 30 minutes later was only borderline (standard score of 4th percentile), clearly reflecting marked loss of information over the delay. These scores are noted despite adequate visual discrimination as he correctly identified 7 out of 7 in a forced choice discrimination format.

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MICKELL-1167

A1283



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09:47:04 a.m. 05-09-2014 13/16

## NEUROPSYCHOLOGICAL EXAMINATION

RE: MICKELL, DARREN  
Chart #: 2204700

Page Twelve

His motivation to perform at his best was assessed using a 21-Item List learning task. His performance on the forced choice measure and free recall measures were well within normal limits (forced choice = 18/21) and (free recall = 7/21). This finding is consistent with the rest of his test behavior and indicates that he appeared to put forth his best effort. A valid measure of functioning was believed to have been obtained.

SUMMARY OF FINDINGS:

Darren Mickell is a 43-year-old right-handed black male who is a retired NFL defensive end. He sustained multiple orthopedic injuries as a result of his play. He also believes that he may have sustained concussive type injuries. While he was never formally diagnosed with concussion, he noted that there were several times where he hit his head and missed plays because of his cognitive problems.

Within this context, he is concerned that he is exhibiting evidence of slow progressive cognitive decline. He notes memory difficulties, expressive and receptive language problems, inattentiveness and problems with concentration. It is harder for him to read. His handwriting is less neat.

Within this context, he also notes behavioral difficulties with notable depression. He can be irritable. His behavior can be quite different from the way it was before with some irritability.

He also has significant pain in multiple areas. He complains of problems with headache. His sleep is now strained.

Within this context, he has had multiple orthopedic procedures because of his injuries. He tends to minimize a significant family history.

Continued...

RBM 05/14/2015

MICKELL-1168

A1284



9549428851

09:47:18 a.m. 05-09-2014

14 / 16

## NEUROPSYCHOLOGICAL EXAMINATION

RE: MICKELL, DARREN  
Chart #: 2204700

Page Thirteen

A review of records indicate that he sustained multiple orthopedic injuries playing football. As best as can be determined, he had initial treatments in college, which continued into his pro career. He was somewhat forced to retirement in 2001 because of his physical problems. He notes that subsequent to that event he has had difficulty with work. He attempted to return to work in 2012, but eventually had to stop work because of his physical problems and cognitive difficulties.

The patient notes that he has had increasing depression over the last 3 years. He denies a family psychiatric history.

Assessment of mood functioning with the MMPI-IRF revealed evidence of marked mood symptoms with depression, anxiety, and worry. He is also admittedly fearful about his future.

Neuropsychological testing together with educational, employment, and life history indicates an individual of overall premorbid mental abilities in the average to low average range. He continues to demonstrate average to low average reading recognition, written arithmetic, verbal abstract reasoning, expressive vocabulary, fund of information, attention and concentration, visual discrimination, visual constructional ability, nonverbal reasoning, letter fluency, and categorical fluency. Naming might be slightly low.

On the other hand, tests of processing speed clearly reveal some slowing, as the scores are low average to borderline. Verbal executive functioning is average. Nonverbal executive functioning is low average. Sustained attention is average.

While visual construction ability is average, visual organizational ability is clearly less than expected. With regard to memory skills, new learning and short-term memory of semantic discourse is average; however, rote verbal learning seems less than expected. Visual learning is average. His short-term memory is low average. On another rote visual learning task, his performance is clearly above average, but short-term memory is only borderline.

Testing indicated evidence of good motivation.

Continued...

RBM 05/14/2015

MICKELL-1169

A1285



9549428851

09:47:34 a.m.

05-09-2014

15 / 16

NEUROPSYCHOLOGICAL EXAMINATION

RE: MICKELL, DARREN

Chart #: 2204700

Page Fourteen

IMPRESSION:

Overall, the patient's neuropsychological profile appears to provide evidence of a mild cognitive disorder. He clearly has less than expected memory for visual information as well as problems with rote verbal learning. He may have some slightly less than expected cognitive efficiency with mild slowing and perhaps some mild difficulties with visual perceptual analysis.

The etiology of his impairment is less clear. Certainly, his mood symptoms are a prominent problem that could contribute to and may even account for his difficulties. The concern would be, however, that his problems may also be more reflective of a significant cognitive disorder related to a potential history of multiple concussive injuries. Certainly, given his history of ongoing depression with some behavioral dyscontrol as well as cognitive complaints, there are concerns that his current difficulties may represent a more significant issue.

RECOMMENDATIONS:

The patient was referred to the Players' Trust Program. He needs to follow up with medical care for his multiple difficulties.

Toward this end, he needs to be treated regularly for his pain. It is uncertain whether a pain management program can be established. It is uncertain as well whether he would benefit from orthopedic treatments.

Certainly, adopting a fitness program might be of benefit to him. This might be set up through work with a physical therapist.

In addition, medical management of his mood symptoms is strongly recommended. He may even be a good candidate for supportive counseling. Learning effective ways to try to control his anger and frustration might be helpful to him.

Continued...

RBM 05/14/2015

MICKELL-1170

A1286



9549428851

09:47:48 a.m. 05-09-2014

16/16

NEUROPSYCHOLOGICAL EXAMINATION

RE: MICKELL, DARREN

Chart #: 2204700

Page Fifteen

His mood and behavior together with his physical problems and cognitive difficulties make competitive employment at this point quite difficult. It is recommended that he obtain assistance in trying to reduce some of the effects of these variables, which might make him able to participate in a competitive employment on a more regular basis. Unfortunately, these variables are likely to prohibit him from consistently attending work or completing work requirements.

Neurologic examination would be recommended to further assess concerns regarding a potential progressive cognitive disorder. Brain imaging would certainly be recommended, which could include, but not be limited to MRI study, as well as amyloid PET imaging.

Neuropsychological re-examination in 1 year's time is recommended to monitor the status of his condition.

Thank you very much for asking me to assist in the examination of this patient.

Sincerely yours,



Mark E. Todd, Ph.D.  
Licensed Psychologist  
Clinical Neuropsychologist

MET/shv/bvm/sr

T: 05/07/14

Total Time: 10 hours

RBM 05/14/2015

MICKELL-1171

A1287



**Darren Mickell**  
Appeal of Denied Application for  
Total and Permanent Disability Benefits

Exhibit "21"

RBM 05/14/2015

MICKELL-1172




Jan. 17. 2014 10:02AM

No. 7531 P. 7

AUTHORIZATION TO DIRECT FUTURE BENEFIT CHECKS

I, **DARREN MICKELL** ("CLAIMANT"), hereby authorize and instruct **BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN AND THE NFL**, their personnel and/or agents to forward any and all disability benefit checks payable to me under the **DARREN MICKELL APPLICATION FOR TOTAL AND PERMANENT DISABILITY BENEFITS AND THE BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN ("CLAIM")**, to: c/o **PAULINO-GRISHAM, SMITH & CHMIELARZ, P.A., DISABILITY INSURANCE LAW GROUP ("DI LAW GROUP")**, 4151 Hollywood Blvd., Hollywood, FL 33021.

Dated this 16 day of January, 2014.

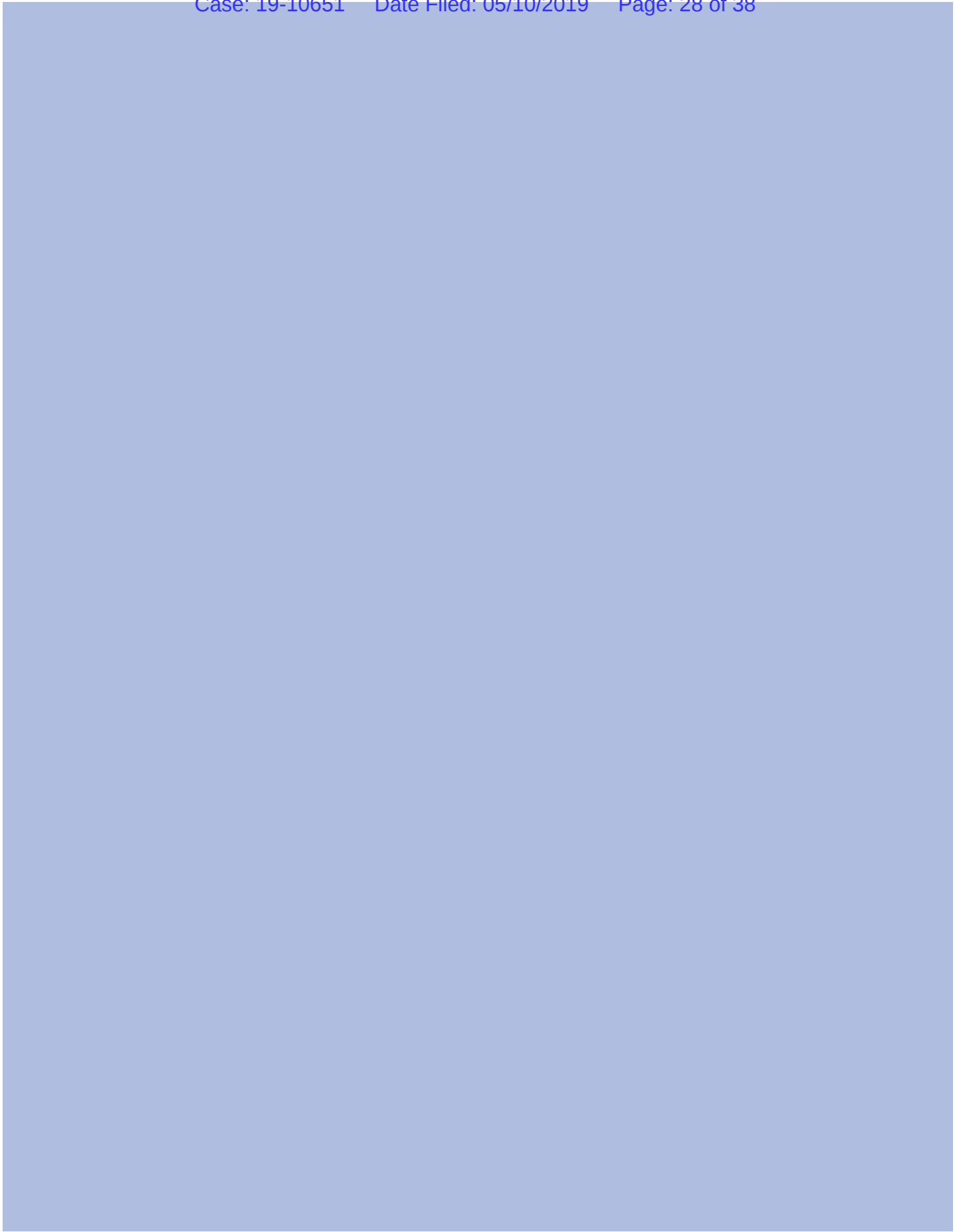
  
\_\_\_\_\_  
**DARREN MICKELL**  
\_\_\_\_\_  
**DI LAW GROUP**

RBM 05/14/2015

MICKELL-1173

A1289





MICKELL-1174





## NFL Player Disability & Neurocognitive Benefit Plan

200 Saint Paul Street, Suite 2420 | Baltimore, MD 21202 | 800-638-3186 | Fax 410-783-0041

March 25, 2015

Mr. Darren Mickell  
9250 Chelsea Dr.  
Miramar, FL 33025

### Re: Appeal for Disability Benefits Notice of Required Medical Examination

Dear Mr. Mickell:

We received your appeal for disability benefits. Under the terms of the NFL Player Disability & Neurocognitive Benefit Plan, a Player who applies for benefits may be required to submit to an examination by a physician or other medical professional selected by the Plan, and the Player may be required to submit to such further examinations as, in the opinion of the Plan, are necessary to make an adequate determination regarding the Player's physical or mental condition.

This letter is sent to advise you that **you must attend a medical examination** by a physician or physicians selected by the Plan, at the Plan's expense. The Plan Office will contact you shortly to schedule the examination(s), which for your planning purposes will likely take place within the next 30 days. Once scheduled, the Plan Office will send another letter confirming the date and location of the examination(s).

**You (and your representatives, family, friends, etc.) may not contact the physician's office for any reason.** If, for example, you wish to submit additional documents for review by the physician, you should contact the Plan Office. And, if you cannot attend a scheduled examination for any reason, you should contact the Plan Office immediately.

Please be advised that your application for disability benefits may be denied if you fail to attend the scheduled examination(s).

If you have any questions, please call the Plan Office.

Very truly yours,

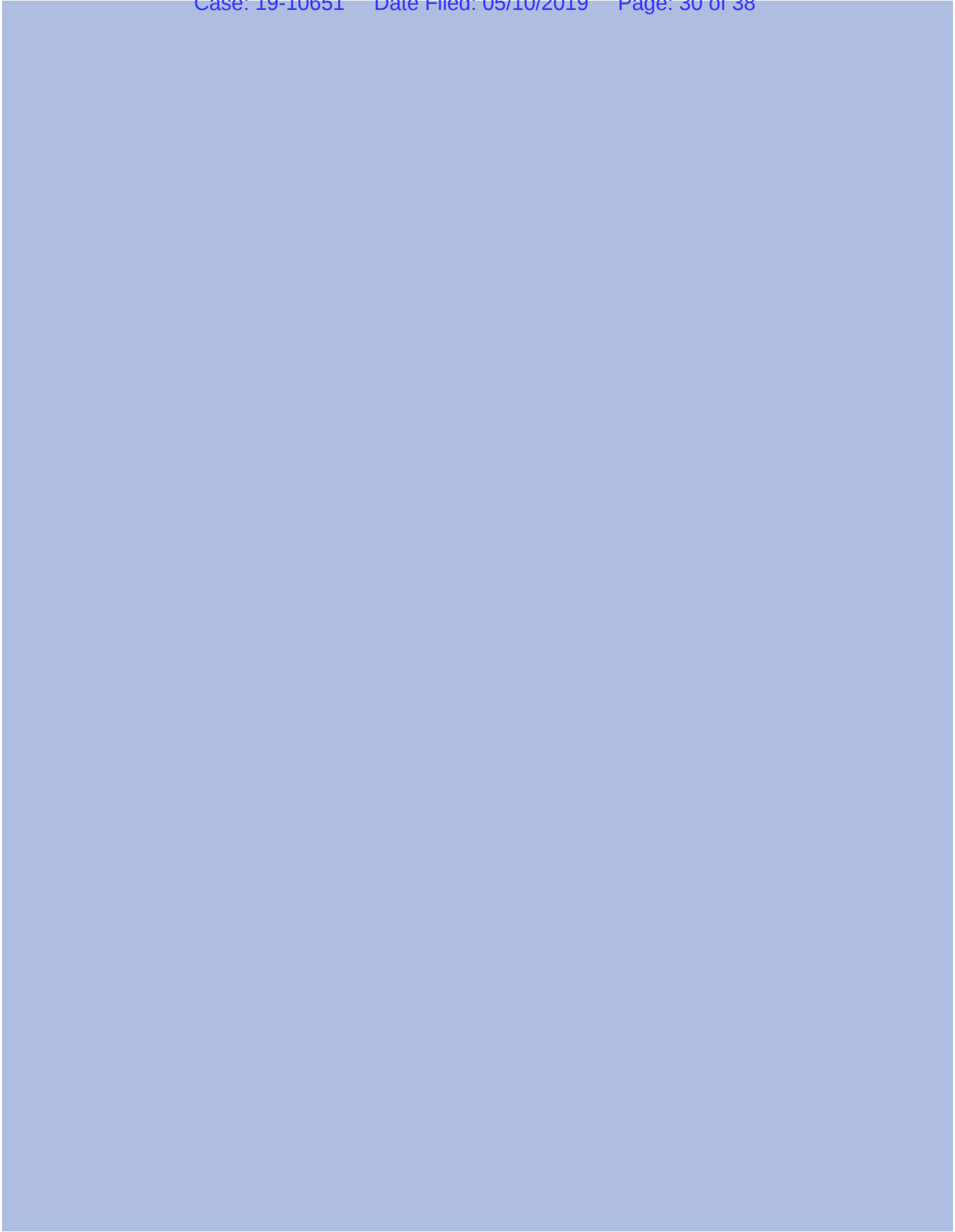
A handwritten signature in black ink, appearing to read 'Elton D. Banks'.

Elton D. Banks  
Benefits Coordinator

cc: Mindy Chmielarz

MICKELL-1175





MICKELL-1176





## NFL Player Disability & Neurocognitive Benefit Plan

200 Saint Paul Street, Suite 2420 | Baltimore, MD 21202 | 800-638-3186 | Fax 410-783-0041

April 7, 2015

Mr. Darren Mickell  
9250 Chelsea Dr.  
Miramar, FL 33025

**Re: Application for Disability Benefits  
Confirmation and Scheduling of Required Medical Examination**

Dear Mr. Mickell:

We write to confirm that your medical examination has been scheduled as follows:

Appointment Date/Time:	Monday, April 20, 2015 8:30am-6:00pm
Physician:	Sutapa Ford, Ph.D.
Specialty:	Carolina Headache Institute, PA
Location:	6114 Fayetteville Road Durham, NC 27713 (919)942-4424

On the day of your appointment, be sure to bring one form of photo identification with you to the examination and, after checking in at the facility, inform the receptionist that you are scheduled to see the physician identified above for purposes of a neutral examination conducted on behalf of the Bert Bell/Pete Rozelle NFL Player Retirement Plan.

Based upon the disabilities identified in your application, the physician will be prepared to evaluate any impairments to the following body parts:

- Neurocognitive, Headaches, Memory Issues, Concentration Issues, Word Loss, Focus Issues, Processing Issues, Following Direction Problems

If you have any additional medical records you would like the physician to review, you must provide those records to the Plan Office **at least ten (10) days prior to the scheduled examination.**

By the time of your appointment, the Plan will have already provided the physician with your application and any medical records timely submitted to the Plan Office. However, you are encouraged to bring to the examination any relevant x-rays, MRIs, or other images/films that are in your possession.

For travel and planning purposes, be sure to allow approximately three to four hours for your examination and any follow-up testing the physician may require.

A copy of the Plan's Travel Expense Policy is enclosed. Please review it and contact Art Solis with "The Travel Store," (310) 752-9157, to arrange air transportation and lodging, if necessary.

You are reminded that **you (and your representatives, family, friends, etc.) may not contact the physician's office for any reason.** Please contact the Plan Office if you have any questions or concerns, including any problem attending the examination on the scheduled date,

MICKELL-1177



as your application for disability benefits may be denied if you fail to attend the scheduled examination.

If you have any questions, please contact the Plan Office.

Very truly yours,

A handwritten signature in black ink, appearing to read "Elton Banks". The signature is fluid and cursive, with the first name "Elton" and the last name "Banks" clearly distinguishable.

Elton Banks  
Benefits Coordinator

cc: Mindy Chmielarz

Enclosure

MICKELL-1178

A1294





## NFL Player Disability & Neurocognitive Benefit Plan

200 Saint Paul Street, Suite 2420 | Baltimore, MD 21202 | 800-638-3186 | Fax 410-783-0041

April 7, 2015

Mr. Darren Mickell  
9250 Chelsea Dr.  
Miramar, FL 33025

**Re: Application for Disability Benefits  
Confirmation and Scheduling of Required Medical Examination**

Dear Mr. Mickell:

We write to confirm that your medical examination has been scheduled as follows:

Appointment Date/Time:	Monday, April 13, 2015 2:00pm
Physician:	Peter Dunne, M.D.
Specialty:	13801 North Bruce B Downs Blvd.
Location:	Tampa, FL 33613 (813)988-0946

On the day of your appointment, be sure to bring one form of photo identification with you to the examination and, after checking in at the facility, inform the receptionist that you are scheduled to see the physician identified above for purposes of a neutral examination conducted on behalf of the Bert Bell/Pete Rozelle NFL Player Retirement Plan.

Based upon the disabilities identified in your application, the physician will be prepared to evaluate any impairments to the following body parts:

- Neurocognitive, Headaches, Memory Issues, Concentration Issues, Word Loss, Focus Issues, Processing Issues, Following Direction Problems

If you have any additional medical records you would like the physician to review, you must provide those records to the Plan Office **at least ten (10) days prior to the scheduled examination.**

By the time of your appointment, the Plan will have already provided the physician with your application and any medical records timely submitted to the Plan Office. However, you are encouraged to bring to the examination any relevant x-rays, MRIs, or other images/films that are in your possession.

For travel and planning purposes, be sure to allow approximately three to four hours for your examination and any follow-up testing the physician may require.

A copy of the Plan's Travel Expense Policy is enclosed. Please review it and contact Art Solis with "The Travel Store," (310) 752-9157, to arrange air transportation and lodging, if necessary.

You are reminded that **you (and your representatives, family, friends, etc.) may not contact the physician's office for any reason.** Please contact the Plan Office if you have any questions or concerns, including any problem attending the examination on the scheduled date,

MICKELL-1179

as your application for disability benefits may be denied if you fail to attend the scheduled examination.

If you have any questions, please contact the Plan Office.

Very truly yours,

A handwritten signature in black ink, appearing to read "Elton Banks". The signature is fluid and cursive, with the first name "Elton" and the last name "Banks" clearly distinguishable.

Elton Banks  
Benefits Coordinator

cc: Mindy Chmielarz

Enclosure

MICKELL-1180





## NFL Player Disability & Neurocognitive Benefit Plan

200 Saint Paul Street, Suite 2420 | Baltimore, MD 21202 | 800-638-3186 | Fax 410-783-0041

April 7, 2015

Mr. Darren Mickell  
9250 Chelsea Dr.  
Miramar, FL 33025

**Re: Application for Disability Benefits  
Confirmation and Scheduling of Required Medical Examination**

Dear Mr. Mickell:

We write to confirm that your medical examination has been scheduled as follows:

Appointment Date/Time:	Tuesday, April 14, 2015 11:00am
Physician:	George H. Canizares, M.D.
Specialty:	All Florida Orthopaedics
Location:	4600 4 <sup>th</sup> Street North St. Petersburg, FL 33703 (727)527-5272

On the day of your appointment, be sure to bring one form of photo identification with you to the examination and, after checking in at the facility, inform the receptionist that you are scheduled to see the physician identified above for purposes of a neutral examination conducted on behalf of the Bert Bell/Pete Rozelle NFL Player Retirement Plan.

Based upon the disabilities identified in your application, the physician will be prepared to evaluate any impairments to the following body parts:

- Back, Shoulders, Hips, Knees

If you have any additional medical records you would like the physician to review, you must provide those records to the Plan Office **at least ten (10) days prior to the scheduled examination.**

By the time of your appointment, the Plan will have already provided the physician with your application and any medical records timely submitted to the Plan Office. However, you are encouraged to bring to the examination any relevant x-rays, MRIs, or other images/films that are in your possession.

For travel and planning purposes, be sure to allow approximately three to four hours for your examination and any follow-up testing the physician may require.

A copy of the Plan's Travel Expense Policy is enclosed. Please review it and contact Art Solis with "The Travel Store," (310) 752-9157, to arrange air transportation and lodging, if necessary.

You are reminded that **you (and your representatives, family, friends, etc.) may not contact the physician's office for any reason.** Please contact the Plan Office if you have any questions or concerns, including any problem attending the examination on the scheduled date,

MICKELL-1181

as your application for disability benefits may be denied if you fail to attend the scheduled examination.

If you have any questions, please contact the Plan Office.

Very truly yours,

A handwritten signature in black ink, appearing to read "Elton Banks". The signature is fluid and cursive, with the first name "Elton" and the last name "Banks" clearly distinguishable.

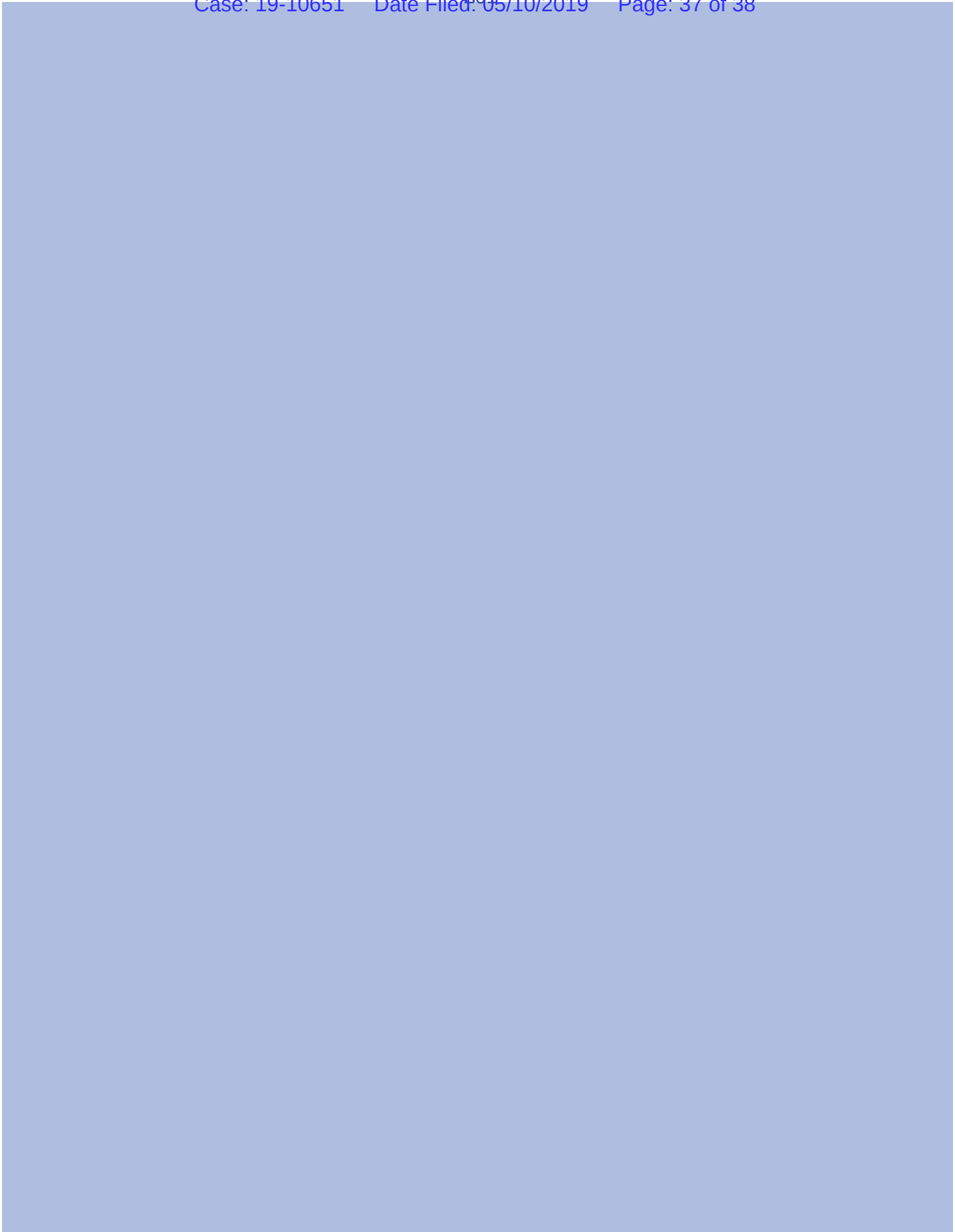
Elton Banks  
Benefits Coordinator

cc: Mindy Chmielarz

Enclosure

MICKELL-1182





MICKELL-1183

04/10/2015 16:24 group, di law

(FAX) 954 989 9999

P.002/033

## DI LAW GROUP

Paulino-Grisham, Smith, &amp; Chmielarz, P.A.

April 10, 2015

RECEIVED

APR 13 2015

NFL PLAYER BENEFITS

**Sent Via U.S. Mail & Facsimile: (410) 783-0041**

Retirement Board for the  
 Bert Bell/Pete Rozelle NFL Player Retirement Plan  
**Attn.: Paul Scott, Director of Disability Benefits**  
**& Megan Anderson, Benefits Coordinator**  
 200 St. Paul Street, Suite 2420  
 Baltimore, MD 21208-2008

**RE: Name: Darren Mickell**  
**Incident #: Total and Permanent Disability Benefits**

Dear Mr. Scott and Ms. Anderson:

Please be advised that on Tuesday, April 7, at 3:45 p.m. Mr. Mickell and the undersigned were notified by email that post appeal out-of-town Neutral Medical Examinations (IMEs) had been scheduled to take place on April 13<sup>th</sup>, April 14<sup>th</sup>, and April 20<sup>th</sup> (Exhibit "1"). Immediately upon reading the email from Elton Banks, the undersigned contacted Mr. Banks to advise him that Mr. Mickell will be called regarding the IMEs, as he does not regularly check his email, to see if he is available. Additionally, Mr. Banks was advised that due to the very short notice, it would be impossible to get medical records to the Plan Office at least 10 days before the scheduled IME as required ("Exhibit 2"). In response, Mr. Banks advised that he tried to do Mr. Mickell a courtesy by making his evaluations as close to home as possible (over 5 ½ hours way by car and on the other side of the state) and that those dates were the only dates that were available given the locations and the time needed to receive and review the IME reports so his case could be heard at the May 15<sup>th</sup> Board Meeting (exhibit "2"). He further advised that the 10 day time limit would not apply in this case. It was also pointed out to Mr. Banks, both over the telephone and via email, that Mr. Mickell recently underwent neuropsychological testing and sending him again so soon would subject him to the re-test effect. Mr. Banks was therefore asked to confirm the types of physicians and tests to which Mr. Mickell was being sent (Exhibit "3"). Mr. Banks asserted that the re-test effect only occurred if a second neuropsychological evaluation took place within a six month period and confirmed that Mr. Mickell will be subjected to another neuropsychological examination by Sutapa Ford, Ph.D., a headache specialist on April 20, 2015.

As you are well aware, Mr. Mickell filed his appeal for disability benefits on March 9, 2015 (Exhibit "4"). A letter dated March 25, 2014, sent via US mail and



www.dilawgroup.com

## Nationwide

t 888.644.2644

## Broward (Correspondences)

4151 Hollywood Boulevard  
 Hollywood, Florida 33021  
 o/c 954.989.9000  
 fax 954.989.9999

## West Palm Beach

224 Datura Street, Suite 402  
 West Palm Beach, Florida 33401  
 o/c 561.202.9170  
 fax 561.202.9194

RBM 05/14/2015

MICKELL-1184

A1300